### **Application Data Sheet**

### **Application Information**

Application Type:: Divisional

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD-disks::

Number of copies of CDs::

Sequence submission?:: Paper

Computer Readable Form (CRF)?:: No

Number of copies of CRF:: 0

Title:: PYK2 AND INFLAMMATION

Attorney Docket Number:: 034536-1246

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 16

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

#### **Applicant Information**

**Applicant Authority Type::** Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Joseph

Family Name:: SCHLESSINGER

City of Residence:: Woodbridge

State or Province of CT

Residence::

Country of Residence:: US

Street of mailing address:: 50 Rock Hill Road

City of mailing address:: Woodbridge

State or Province of mailing CT

address::

Postal or Zip Code of mailing 06525

address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: Mitsuhiko

Family Name:: OKIGAKI

City of Residence:: New York

State or Province of NY

Residence::

Country of Residence:: US

Street of mailing address:: 545 1st Avenue, Apt. 3L

City of mailing address:: New York

State or Province of mailing NY

address::

Postal or Zip Code of mailing 10016

address::

Residence::

**Applicant Authority Type::** Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Mikhail

Family Name:: GISHIZKY

City of Residence:: Menlo Park

State or Province of CA

Country of	Residence::	US
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Street of mailing address:: 523 8th Avenue

City of mailing address:: Menlo Park

State or Province of mailing

CA

address::

Postal or Zip Code of mailing 94025

address::

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## **Correspondence Information**

**Correspondence Customer Number:: 22428** 

E-Mail address:: PTOMailWashington@Foley.com

## **Representative Information**

Representative Customer	30543	
Number::		

# **Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	Division of	09/476,484	12/30/1999
09/476,484	An application claiming the benefit under 35 USC 119(e)	60/114,465	12/30/1998

# **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

# **Assignee Information**

Assignee name::

Sugen, Inc. and New York University